



Advanced Tracking Club of WA (Inc.) Membership **RENEWAL** Form

Special six-month membership for Scent-Work only:
01/01/2024 to 30/06/2024

Member Fees: (All fees are non-refundable) **Annual Membership:** (Due Jan 31st via Invoice)

Fees: Single Membership \$ 25.00 Family Membership \$ 37.50

EXISTING MEMBERS INFORMATION CONFIRMATION:

This form is for safety & medical reasons, and it is ATC WA Duty of Care requirement.

Name of Applicant: _____

Address: _____ Suburb _____ Postcode _____

Phone: (Home) _____ Mobile: _____

Email Address: _____

Medical Info: (Required) _____

Emergency Contact: (Name) _____ Phone: _____

Dogs West Membership No: _____ (CAWA)

DOG/S INFORMATION:

1) Dog's Name: _____ Breed: _____

Age: _____ Sex: _____ Dogs West Registration No: _____

2) Dog's Name: _____ Breed: _____

Age: _____ Sex: _____ Dogs West Registration No: _____

3) Dog's Name: _____ Breed: _____

Age: _____ Sex: _____ Dogs West Registration No: _____

4) Dog's Name: _____ Breed: _____

Age: _____ Sex: _____ Dogs West Registration No: _____

TRAINING AGREEMENT AND UNDERSTANDING OF LIABILITY:

- I understand that my participation in the activities of the ATC WA (Advanced Tracking Club of WA) is at my own risk.
- I will not hold ATC WA, it's officers, it's members, it's guests responsible for damage that my occur to my person or property as a result of the activities of ATC WA.
- I understand that it is my responsibility of provide my own insurance to cover any possible accidents, personal or motor vehicle, whilst training with ATC WA.
- I understand that it is my responsibility to have my dog/s registered with a local shire and their tags of registration and address must be attached to the dog/s when training.
- I understand that training offered to it's members may have additional fees and may be limited to number of entries available.

I accept and agree to all the above conditions:

Applicant's Signature: _____

Date: _____

RETURN THIS FORM TO: membership@atc-wa.com

INVOICE # _____